

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 AUG 27 AM 9: 31

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability comp	any is:	STATE OF IDAHO
		es Enterpise, LLC	
2.	The complete street and mailing addre	esses of the initial d Apartment #1, Grace, II	esignated/principal office:
	(Street Address)	Apartment #1, Grace, II	J 83241
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Jamie Lee Rodriguez	389 East 3rd North A	partment #1, Grace, ID 83241
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Jamie Lee Rodriguez	389 East 3rd North Apartment #1, Grace, ID 83241	
5.	Mailing address for future corresponde		ootices):
	389 East 3rd North Apartment #1, Grace, ID 83241		
6. 1	Future effective date of filing (optional):		
Sign acting	ature of organizer(s). (An organizer is a me g in behalf of a member or members).	mber, or is	
Sian	ature 22	MD WD	Secretary of State use only
-	ed Name: Joel Jensen	pNorms/LLC forms/cert_org_llc.PMD	
Sians	ature	7/2008	IDAHO SECRETARY OF STATE
	ed Name:	pyformstl.LC	08/27/2010 05:00 CK: 2769 CT: 248704 BH: 1236576 1 2 100.00 = 100.00 ORGAN LLC # 2

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